

Missouri First Steps Early Intervention (EI) System Individualized Family Service Plan (IFSP)

Instructions for Completion

The Individualized Family Service Plan (IFSP) describes how the First Steps Early Intervention System will assist each family in helping their very young child with a disability or developmental delay to grow and develop.

The information that follows is intended to assist Service Coordinators, Service Providers, families and all others involved in the consideration of the content and completion of the IFSP form to ensure that all agreed upon outcomes and services are documented for each eligible child and their family.

The IFSP form is divided into several sections. Each section has specific instructions for its completion. There are some general considerations that the IFSP team needs to be aware of when completing the form.

- It is the responsibility of the Intake/Service Coordinator to see that the IFSP document is completed. If the IFSP team wants to identify a recorder for the meeting to fill out the document, that is permissible, however, the Intake/Service Coordinator should always review the work of the recorder to confirm the accuracy of the contents of the IFSP.
- IFSP items marked with an asterisk (*) indicate information stored in the Central Finance Office

(CFO) data system. However, this information is not always entered directly from the IFSP document. Some information is entered from other EI documents, such as the Referral form, Combined Enrollment form, etc. Care should be taken to ensure that the information in these fields on the IFSP is consistent with the corresponding information on other EI documents.

- The child's name and current IFSP date (m/d/y) must be on every page of the IFSP form. This helps to ensure that the child's IFSP document will be kept together and properly organized.
- Be sure that all information recorded on the IFSP is accurate and legible.
- Procedures for revising the IFSP are covered at the end of these instructions.

In addition to completing the IFSP document, intake/service coordinators' case notes must document, as appropriate, additional recommendations not reflected in the final IFSP document. These notes will indicate the extent to which particular services were recommended but not chosen by the family; e.g. certain levels of services were proposed but families opted for a different amount or the family chooses a provider who is not enrolled through the CFO.

Section 1: Child Information and Meeting Date Information

Purpose: This Section contains child identifying information. This Section also includes dates related to IFSP development, review, revisions and transition planning.

Child Information Instructions:

Child's name: Record the child's given or legal name.

Nickname: Record a nickname, if the child has one that is regularly used (i.e., "Chuck" for Charles.)

Gender: Identify the child as male, female or ambiguous.

Home Street/Address: Record the street address where the child is residing. This may be different from the address of the parent.

Mailing Address: This space is provided to identify when the address used for mailing purposes is different than the residence address (i.e., a P. O. Box).

Date Of Birth: Record the month, day and year of the child's birth.

Chronological Age: Record the age of the child in months.

Adjusted Age: If the child was premature, record the adjusted age in months. Adjusted age is calculated by deducting one-half of the prematurity from the child's chronological age. This adjusted age should generally only be assigned for up to 12 months, or longer, if recommended by the child's physician.

Reason for Eligibility: State the child's eligibility for First Steps as one of the following:

- newborn condition
- existing medical condition
- developmental delay(s)

This information can be obtained from the Eligibility Determination Form.

Native Language: Record the child's native language or mode of communication. Typical options include all varieties of spoken languages, American Sign Language (ASL), or methods of augmentative communication. *Native language* is the language normally used by the individual, or, in the case of a child, the language normally used by the parents of the child.

School District: Record the district in which the child resides.

SSN#: Record the Social Security Number for the child.

Directions to the child's home: Provide brief, accurate directions to the child's home. This information may be used by service providers.

IFSP Meeting Type and Meeting Date Instructions:

IFSP Meeting Type: Indicate by checking the box what type of IFSP meeting is being held.

Interim IFSP: When necessary, an IFSP may be completed prior to the completion of eligibility determination. This is intended to facilitate the provision of services in the event that a child has an immediate need for early intervention services. The interim IFSP must be developed by the team and contains the following: the name of the Service Coordinator, and the early intervention service required including type, intensity and duration. Implementation of an interim IFSP does not lengthen the 45-calendar day timeline in which the Service Coordinator must have eligibility determined and the IFSP completed.

Initial IFSP: For each child who has been determined eligible for the First Steps system, a meeting to develop the initial IFSP must be conducted within 45 calendar days of the referral. The Intake Coordinator at the SPOE is responsible for facilitating the development of the initial IFSP.

6 Month Review: Every IFSP must be reviewed at least every 6 months. The purpose of the 6-month review is to determine the degree to which progress toward achieving the outcomes is being

made, and whether revisions or modifications of the outcomes or services are necessary. If revisions are needed at this time, a new IFSP document must be developed.

Interperiodic Review: IFSP's will often require review and revisions because it is an evolving document that changes as the child and family needs change. An Interperiodic Review is any IFSP meeting that is held outside of the 6-month review and annual IFSP evaluation meetings.

Annual IFSP: The annual evaluation of the IFSP includes the requirement to use existing assessment and other information to develop outcomes that assist in identifying what early intervention services are needed and will be provided.

Transition: At least 6 months prior to the child's third birth date, the Service Coordinator must convene an IFSP meeting to discuss the transition process with the parents and other team members. At this meeting, the team reviews the child's program options for after age three and establishes a transition plan.

NOTE: Transition planning **must** occur at every IFSP meeting, but the only time to identify the IFSP as a Transition IFSP is 6 months prior to the child's third birth date.

IFSP Meeting Date: Record the date (m/d/y) that the IFSP team met and the IFSP document was completed. If it takes more than one meeting to complete the IFSP, record the date of the meeting at which the IFSP was completed.

IFSP Start and End Date Instructions:

IFSP Start Date: Record the date (m/d/y) that services will begin. It is expected that services will begin as soon as possible following the IFSP meeting. If one or more services will not start on this date, that should be indicated in Column C in Section 7 of the IFSP.

IFSP End Date: Indicate the end date (m/d/y) for this IFSP. The end date may not be greater than 365 days from the IFSP meeting date or beyond the date of the child's third birthday, whichever comes first.

Exceptions to this occur when the IFSP covers services for a child under Missouri's "third birthday exceptions." The IFSP in this situation must be developed within the timelines and procedures of the third birthday policies. (See Missouri State Plan for Part C, Transition to Preschool Programs)

NOTE: Be aware that IFSPs do not expire. If the IFSP review is not conducted within one year, services documented on the IFSP must continue to be provided. If services are not continued, the agency may be considered to be out of compliance and compensatory services for the time that the services were not being provided considered. However, for a number of reasons, it is extremely important that the IFSP be reviewed within 365 days. First, as noted above, if the review is not conducted within 365 days of the date of the IFSP meeting, the agency may be considered to be out of compliance as an annual IFSP review is a state and federal requirement. Second, the annual review needs to be completed in a timely manner so that a determination can be made as to whether the services that are currently being provided are still appropriate to meet the needs of the child and the child's family. Finally, the review needs to occur in a timely manner in order for new authorizations to be completed for service providers.

In regard to payment authorizations for services providers, there is a failsafe provision in the CFO payment process which will extend authorizations for up to 30 days beyond the annual review date of the IFSP in order to allow time to get the IFSP review completed and new service authorizations completed. However, the best plan is to review the IFSP within the required timelines and not have to use this failsafe provision.

Section 2: Family Information

Purpose: This Section contains identifying information about the child's family &/or primary caregivers.

Primary Contact Information Instructions:

Primary Contact: List the name of the individual who will be the primary contact for this child. The primary contact should be the individual that has either physical custody or educational decisionmaking authority for the child.

Parent/Guardian/Foster Parent: Indicate the relationship of the primary contact to the child. Use one of the following choices:

Father	Grandmother	Legal Guardian
Mother	Grandfather	Educational Surrogate
Stepfather	Aunt	DFS Case Worker
Stepmother	Uncle	
Foster Father	Foster Mother	

In the case where parents live separately, even though both parents may share legal custody, the name of the parent who has physical custody of the child is recorded first and in the second Section, list the other parent. If both parents have legal custody, they both must receive written notice and both are decision makers in the IFSP process.

If the child is a ward of the state and has an Educational Surrogate, information appears under the "primary contact", and the DFS caseworker information should be placed under "other contact information."

Mailing Address: This space is provided to identify when the address used for mailing purposes is different than the residence address (i.e, a P. O. Box).

Home/Street Address: Record the street address of the primary contact.

Telephone: List the day and evening telephone numbers for the primary contact. Make sure to indicate if this is a home (h) or work (w) number. Confirm with the contact the best time to call and which phone number should be used.

E-mail(s): List e-mail address(es), if available.

Native language: Federal regulations require that families be provided information in their native language. Identification of this information will help to ensure that each family's active participation in the IFSP process and procedural safeguards are supported. Ask the family what their **native language** is and record this precisely. Native language means the language or mode of communication normally used by the parent of a child eligible for Part C services. If an interpreter is needed, be sure to indicate this as well.

Other Contact Information

Use this section to list information about other key contact individuals for the child. Additional pages may be used if more space is required to record information for these individuals.

Section 3: Service Coordinator Information

This section is used to record information about the child and family's On-going Service Coordinator. There is also space here to list information about the MC+ Contact Person and the child's Primary Care Physician.

Record the name and contact information of the individual who has been identified as the family's On-going Service Coordinator. This individual is selected by the family to assist them in the implementation, monitoring and evaluation of the IFSP. The Service Coordinator contact information should be reviewed regularly and verified for accuracy at least quarterly. This information may be completed prior to the IFSP meeting, and verified with family members and others early on in the meeting.

If the child has an MC+ Case Manager, this information should be recorded on this page.

List the name and contact information for the child's primary care physician, if known.

Section 4: Child's Present Level of Development--Abilities and Strengths

Purpose: Section 4 lists information about a child's present level of development, including their strengths and abilities in all of the following areas: physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development. Included in this section is any information about health, medical diagnosis and any precautions that must be addressed in activities with the child. All areas of development must be addressed in this Section.

Evaluation and assessments of infants and young children are intended to guide the planning of possible intervention approaches. Evaluation and assessment involve the review of multiple sources of information and assist both parents and professionals in understanding the child's competencies and resources. Assessment should represent an effort to understand infants and young children in the context of their family and of their care giving and learning environments. Scores obtained as a result of test activities are recorded on the Eligibility Determination Documentation and need not be repeated in the IFSP. Rather, the intent of this Section is to provide a narrative statement about the skills and abilities that the child currently demonstrates.

This information is used as a starting point for team discussion and the development of outcomes for the child and family. At each review of the IFSP, this page will be rewritten to reflect up-dated information. All evaluation or assessment reports will be kept in the child's early intervention (EI) record. Evaluation and assessment information should be reviewed with the family before the information is recorded on the IFSP.

Instructions:

Existing information including parent interview, structured observation, medical input, etc., should be used before any additional formal assessments are planned or conducted. In order to avoid unnecessary duplication of activities, it is important that the Intake/Service Coordinator and family members obtain and review relevant information, particularly information recorded on the eligibility determination form.

This form is considered a source document when completing this section of the IFSP and it is not necessary to repeat the information already recorded in the eligibility documentation.

Team Summary: Child's Present Abilities and Strengths: Basic identification information related to the eligible child is included on this page, including the documentation of what the child can do and what the child needs to learn. It is suggested that this Section be developed by the family prior to the IFSP meeting, and reviewed and expanded by the full IFSP Team at the IFSP development meeting. The IFSP Team develops the final language used to complete this Section in the IFSP.

In crafting the language in the Section, it is important to be positive, talking about the skills that the child has and how these are applied in daily living situations. This statement must include all developmental domains, and should indicate emerging skills and interests, skill quality and intent. Comments related to quality and intentions of movement are helpful once the basic skills are defined and discussed. Age equivalents, percent of delay, or standard deviations should not be included in this Section of the IFSP. The developmental domains are: cognition (thinking skills), language and communication, physical (fine and gross motor skills, vision, hearing & health status), adaptive skills such as eating, dressing and bathing, and social/emotional skills including how the child gets along with others.

Information on vision, hearing and health/physical/nutrition status must also be indicated. If there are no concerns in any of these areas denote it by putting "no concern" or "none", **do not leave the section blank.**

Other Strengths/Concerns [optional]: Other information relevant to the development of the IFSP, including birth history, diagnosis, or necessary precautions may be summarized here. Concise descriptions in behavioral, functional or diagnostic terms easily understandable to parents and caregivers should be used. This information should be included if it pertains to service planning or delivery; this Section is not meant to summarize the birth history unnecessarily. Pending surgery, new medications or equipment, health issues, etc., as well as birth and other historical health issues are all appropriate items to include in this Section if they influence the planning and delivery of services.

If there are no other influencing factors for the individual child, record N/A (not applicable) in this Section.

Application of this Section: Prior to the IFSP meeting, the family should be assisted to complete this Section in order to develop, in their own words, a statement of their child's skills in all developmental levels. The family statement would be used during the IFSP Team Meeting to provide the basis for the final summary, which is included in Section 4 of the IFSP.

Section 5: Summary of Family Concerns, Priorities And Resources (CPR) To Enhance The Development Of Their child

Purpose: State and federal regulations provide that, with the family's consent, an assessment of family concerns, priorities and resources (CPR) be conducted prior to the development of the IFSP. For those families that chose to participate in the assessment, this IFSP Section provides a standard method to document or summarize the information gathered during that assessment.

Instructions:

At the top of the page indicate whether or not the family gave their consent to participate in the family assessment. If the family consented to participate, insert the completed form into the IFSP. If the family did not consent, indicate that at the top of the form and leave the form blank.

Section 6: Child and Family Centered Outcomes

Purpose: This Section provides the format for defining individual outcomes related to the child and family's needs. It includes identification of the current status, specific objectives and strategies for addressing and achieving the outcome. State and federal regulations require the IFSP Team to conduct an IFSP review at least every six months to assess the child's progress towards achievement of outcomes and whether modifications or revisions of the outcomes or services is necessary. Evaluation of the entire IFSP is required at least annually.

If the family completes Section 5 of the IFSP (Summary of Family Concerns, Priorities and Resources), the IFSP team needs to consider this information when developing outcome(s).

There will be only one (1) outcome per page. Each outcome will be numbered consecutively.

It is important during the IFSP Team meeting to discuss the provision of service coordination with the entire team and develop specific understanding and strategies that will detail the mutually-agreed upon activities of the Service Coordinator. The routine obligations of the Service Coordinator (monitoring, review and evaluation of the IFSP) as well as other activities that are agreed to be provided by this person, should be reflected either as an outcome in the IFSP, or as a strategy within an outcome.

Instructions:

Outcome: Record a statement here of what the team would like to see happen, and why, for the child &/or the family. The focus of this outcome statement is to clearly describe what difference or change for the family will occur once this outcome is achieved. Language describing the change desired and what this means for the child and/or family is part of the outcome statement.

Strategies and Activities: What are the strategies, activities or next steps that need to occur to achieve the outcome?

This section is optional and can provide a strong basis for making sure the team discusses information gathered from the family about the daily routines of the child and family and the environments in which it makes sense to embed the services. Consider the outcomes that are developed within the context of natural environments and routines identified by this family and document ideas for addressing the outcomes within those routines. What are some strategies for using materials and resources that are already available within those environments and helping find ways to address the identified needs using those naturally occurring resources and supports?

The worksheet "Identifying Typical Family Routines and Activities" that is completed with the family during IFSP planning should be a helpful tool for initiating these discussions about strategies during the IFSP meeting.

Time Line: Indicate when the outcome will be measured for progress by the IFSP team.

Procedure: Indicate how the team plans on measuring progress toward the outcome. The team should state how they will monitor and measure change including observations, report, etc.

Criteria: Indicate what needs to be accomplished for the outcome to be fully met. This should tie back to the outcome in that there will be an observable change to the family and the other team members. This change may be developmental or it may be related to improvements in a daily activity.

Application of this Section: Families should be assisted by their Service Coordinator to develop outcome statements that are important to them before attending the IFSP Team Meeting. By listening carefully to families, the Service Coordinator can help the family to put into words those things that are most meaningful to them. In order for the family to have active and informed participation in the IFSP development

meeting, they need to have time and opportunity before the meeting to discuss what they need.

The family should be assisted to come to the IFSP Team meeting with their thoughts on paper, so that they have materials to refer to from time to time during the meeting. This type of preparation is no different than the preparation conducted by various professionals in anticipation of an IFSP meeting. Having a prepared and actively participating family ensures that the family's needs are the primary focus of all IFSP Team members.

Section 7: Early Intervention Services

Purpose: Section 7 of the IFSP is a summary of the services necessary to meet the unique needs of the child and family. Specific information, including the type of service, how often the service is to be provided, when the service is to begin and for how long, must be included in the IFSP document. Also required is information regarding where services are delivered, who will provide the service and what funding source will be used to pay for early intervention services.

State and federal regulations require that, to the maximum extent appropriate, Early Intervention services must be provided in natural environments (e.g., the home, child care centers, or other community settings). Natural environments are defined as those settings that are natural or normal for the child's age peers who have no disabilities. For most infants and toddlers, services will be provided in the Natural Environment. For some infants and toddlers, the appropriate location of services might be another setting—for example, a hospital during the period in which they require extensive medical interventions or a clinic which houses specialized therapy equipment.

When determining the location for the provision of services, it will be helpful if the Service Coordinator has completed the worksheet "Identifying Typical Family Routines and Activities" with the family. By having information of the location(s) in which the child spends his/her day, this will assist the team when they are considering location for the provision of services in natural environments for the child.

Section 7 should be completed only **after** the outcomes and strategies/activities are identified. The IFSP Team will identify those services necessary to meet the identified outcomes, and will strive to establish the delivery of these services in a natural environment for the child and family. It is the responsibility of the IFSP Team to ensure that each family is fully informed of the services that are **available** under Part C and that those services **identified to be provided** are **allowable** services under Part C and that services are based upon documented need.

Any identified services must have informed, written parental consent prior to their being provided. **Parents may decline any specific service**

recommended by the IFSP Team without jeopardy to the child's eligibility, or to the other services on the IFSP. Notations of this discussion should be made in the Intake/Service Coordinator's case notes and maintained in the child's early intervention record.

COMMENT: Specific services may be needed only temporarily or additional outcomes may be identified because of progress made or changes in the family. This document is a tool, a blueprint for services. Often, that blueprint must be modified to meet new challenges or decisions made by the family. The Individualized Family Service Plan can change as often as necessary through the IFSP meeting process. Each additional outcome may identify a need for additional strategies or activities. These can be added when determined necessary by the IFSP team.

Instructions:

Column A: **Outcome(s):** Record the outcome number(s) following #. There may be more than one service per outcome and more than one outcome per service.

Column B: **EI Service(s):** List the identified service(s) that have been agreed upon to address this outcome. Early Intervention services may include:

Occupational Therapy	Physical Therapy
Audiological Services	Psychological Services
Special Instruction	Service Coordination*
Health Services	Social Work Services
Medical Diagnostic Services	Speech/Language Therapy
Nursing Services	Transportation**
Nutrition Services	Vision Services
Assistive Technology Devices and Services* *	

*Service coordination **must be listed on every** IFSP. If the family declines Service Coordination, it is considered to be a refusal of all First Steps services.

** These services must be documented on the applicable authorization forms for these services and then attached to the IFSP. See Section 7a and 7b for additional instructions.

Column C: **Start Date:** Record (m/d/y) when the service will begin. The date must be within the effective dates of the IFSP and should be as soon as possible after the IFSP meeting date.

Column D: **End Date:** Record the end date (m/d/y) for the service, not to exceed 365 days or go beyond the day before the child's third birthday.

Exceptions to this occur when the IFSP covers services for a child under Missouri's "third birthday exceptions." The IFSP under this situation must be developed within the timelines and procedures of the third birthday policies. (See Missouri State Plan for Part C, Transition to Preschool Programs)

Column E: **Provider:** List the name(s) of the person(s) and the agency/independent, as applicable, who will provide the service. Phone number(s) and/or address(es), including e-mail addresses will assist with ongoing communication.

Column F: **Method:** There may be more than one method per service, however only one code can be listed per line on the form. Codes for method of service delivery are:

1 – Consultation/Facilitation with others

Definition/Examples: First Steps providers guide adult caregiver(s) with specific intervention strategies. May also make suggestions for modifications to the environment, develop accommodations, etc. May include consultation with child care provider, visiting a family with another provider, assisting others to prepare for the child's transition to other or new services, etc.

2 – Family Education, Training and Support

Definition/Examples: Specifically planned training designed for family members such as specialized sign language training, a course of study designed especially for parents regarding a specific training technique

including behavior management, intervention strategy, disability, etc. The child is typically not present for this service type.

3 – Direct Child Service

Definition/Examples: This includes a direct service provided to the child, typically with a primary caregiver present and observing the interaction. May also include parent training in positioning, language stimulation, etc.

Column G: Indicate whether the service is provided in an individual or group setting. Group settings are only applicable to Special Instruction and Speech therapy services.

Column H: **Location:** Record the specific location from the legend below:

A: Home (child's home, including foster home)

B: Other Family Location (grandparent, aunt, etc.)

C: Community Setting (child/daycare, preschool other than "B" above)

D: Special Purpose Center or Clinic (includes hospital, residential facility, service provider location, & "other")

There can be more than one location per service, however, each location needs to be recorded on a separate line on the form.

Column I: **Frequency:** Record the agreed upon number of days or sessions and indicate whether this frequency is by the week (WK) or month (MO).

Column J: **Intensity:** Record the length of time that the service is to be provided (e.g. "30 minute session"). Do not use descriptors such as "as needed" or "to be determined."

Column K: **Funding Source:** Insert the code letter for the funding source which is to be used or billed for the service.

A: Central Finance Office (CFO) (First Steps, Title V (Medicaid))

B: DMH/MRDD for service coordination provided by this agency

Column L: Initial/Revision/Addition: Indicate if this is an initial service, a service that is being revised, or a service that is being added.

Primary Setting for this IFSP:

The IFSP Team must identify a primary setting where IFSP services will be provided. Once all of the services have been identified, the Team reviews the various strategies and settings and determines which one of the following settings most accurately defines where the majority of services will be provided. This consideration includes looking at the frequency and intensity of all services in addition to the specific location codes. Circle the one determined to be the primary setting. Setting options are:

1. Special purpose facility: program designed specifically for children with developmental delays or disabilities.
2. Community setting: program designed primarily for typically developing children. Includes childcare settings, preschools, and other community programs.
3. Home: In addition to the child's own home, this may include the provision of service in a relative's home.
4. Hospital: Refers to inpatient services only.
5. Residential facility
6. Service provider location: This location would include a clinic or provider's office where the family receives service.
7. Other setting: Use the actual location descriptor.

Section 7a. Assistive Technology (AT) Authorization

IFSP Meeting Date: Enter the date of the IFSP meeting in which the need for specific AT was discussed.

IFSP Outcome Number: List the IFSP outcome number(s) for which the AT service has been determined necessary by the IFSP team.

Start Date: List the start date for this service.

End Date: List the end date for this service.

Provider: Enter the name of the provider of this service.

HCPCS Code: Fill in the appropriate HCPCS code for the item to be purchased.

Description of Item: Fill in the description of the item that corresponds to the HCPCS code.

Type: Indicate whether the item is to be purchased, rented, or repaired.

Quantity: Indicate the number of item(s) to be purchased.

Price: Enter the cost of the item in dollars and cents. If purchasing more than one item, fill in the unit cost per item.

Section 7b. Transportation Authorization

Start Date: Fill in the start date for transportation.

End Date: Fill in the end date for transportation.

Provider: Indicate the name of the provider who will be providing the service.

Frequency: Indicate the number of trips per authorization, week, month, or year.

Maximum Miles Per Trip: Indicate the maximum number of miles per trip.

Section 8: Natural Environments Justification

Purpose:

The Natural Environments (NE) Justification form must be completed once the IFSP services have been identified, **if all or any of the services will not be provided in a Natural Environment**. A justification must be completed for **each** service that is being provided **outside** of the natural environment. If all services are being provided in Natural Environments, this section will not need to be completed. This page may also be reproduced if needed.

Instructions:

Outcome#: Write the outcome number from Section 7 for which you have identified a service that will be provided outside of the natural environment.

Service: Indicate which service was identified in the outcome as being provided outside of the natural environment.

Environment: State the specific location identified for the provision of the service (see Section 7, Column H).

Justification: Explain why the IFSP Team determined that it was not appropriate to provide this service in a natural environment. This explanation should describe what the IFSP Team discussed to make the determination that it was necessary to provide early intervention services in a setting other than a natural environment and how it was determined that the selected environment would more effectively facilitate achievement of this outcome.

Section 9: Other Services

Purpose: This Section provides the opportunity for the IFSP Team to review any other services identified as necessary to meet child and family outcomes. These other services, while not required or eligible under Part C, are responsive to overall child and family needs (e.g. in-home support, respite care, medical equipment, etc.) The IFSP must include specific information about these services, ensuring that consideration has been given to all potential sources and strategies to support the family's identified outcomes, however, **there is no obligation of the Part C system to fund these services.**

Section 9 encourages the identification of other family support services as well as preventive medical and health services for the eligible child and family. These services may include those identified through the family assessment of concerns, priorities and resources (Section 5) or reflect services that support the family in areas beyond the early intervention system. The Service Coordinator works with the family members to monitor the delivery and evaluation of these services on a routine basis.

Instructions:

Service(s): Record here the name of the service.

Family/Child Service: Depending upon who the service is provided to, circle family or child.

Responsible Individual: Write in the name of the person or agency who will provide this service.

Funding Source: Indicate the funding source to pay for this service. Possible funding sources for these services are: Medicaid, private insurance, other federal, state and local disability funds, etc. **Part C cannot be indicated here as a possible funding source.**

Section 10: Transition WorkSheet

Purpose:

Transition planning is a component of each IFSP development, review or evaluation activity, and it is conducted to ensure that services continue to be provided without unnecessary interruption. Transition planning also helps to ensure that the child and/or family will experience success and benefit from the planned services by preparing them appropriately for any changes.

State and federal regulations require that IFSP teams plan for a child's transition out of the Part C (First Steps) system at age three. Each IFSP, must include documentation of the steps to be taken to support that transition, whether that transition will be to preschool services under Part B (Early Childhood Special Education) or to other services that may be available, such as Parents as Teachers, Head Start, Title I Preschool programs, etc. Then, at least six months prior to the child's third birthday a Transition IFSP meeting must be held to discuss this transition and to document the steps needed to accomplish a smooth and effective transition.

Transition planning for the infant or very young toddler will often involve introducing the parents to information about the transition process and the choices that will occur when the child approaches age three. For the older toddler, the transition planning becomes more specific.

It should be noted that while IDEA requires specific procedures for transition in relation to the changes that occur for the child and the family at the child's third birthday, it is also good practice to consider other transitions that occur not only as the child moves from the system, but also into and within the system (hospitalizations, changes of service provider, family moves, movement from the hospital to home, the anticipation of surgery for the young child, the addition of new medications or technology, family issues such as employment, the birth of a new child, etc.). Planning for these other transitions should be documented in the IFSP along with the required documentation of the transition planning related to exiting First Steps at age three.

Instructions:

Specific Transition Issue: The transition points in the left hand column serve as reminders or "prompts" to the family and IFSP Team as to the variety of transitions that may occur for a child and family. Transitions have been divided into two sections ("Into and Within" and "Transition From") First Steps. Note that Items 1-8 in the section "Transition into and within" are optional. It is good practice that these areas be considered, but they are not requirements. Items 9 and 10 in the "Transition from (age 2.5 years)" are **required items** to be completed at each IFSP review. Items 11 and 12 would be completed, as appropriate, to facilitate the child's transition to ECSE or other programs at age three, with the parent's consent.

Who is Responsible: The IFSP Team member assigned to follow-through on the specific issue should be identified here.

Effective practice is for transition needs to be incorporated into the IFSP as relevant to the provision of IFSP service(s) or if the transition is defined by the parent as significant. Under these circumstances, transition planning needs may be extended into at least one (1) outcome statement in the IFSP, with detail provided as to the strategies and activities planned to achieve successful transition OR these needs may be incorporated as a strategy or activity within an existing Outcome.

While other transitions may occur, they may not be of the nature or consequence that the family or remainder of the IFSP Team feels will influence the successful implementation of the IFSP.

For example, the termination of a service for one family may not require any transition planning; for another family, it may be important to plan for the gradual reduction of services depending upon the individual child and family needs. For some children, the change of provider may be significant and require considerable transition planning. Teams should use good judgment in delineating the significance of transitions on an individualized basis and incorporate these issues into the IFSP appropriately.

Application of this Section: This Section should be developed in advance of the IFSP Team meeting with the family and serves as a discussion and planning point for the entire Team.

Section 11: IFSP Development Team and Contributors

Purpose: This Section lists information about the people who participated in or contributed to the IFSP development, including those who conducted evaluation or assessments but did not attend the IFSP meeting.

Each initial meeting and each annual meeting must include the following:

1. The parent(s) of the child
2. Other family members, as requested by the parent, if feasible to do so
3. An advocate or person outside of the family, if the parent requests that the person participate
4. The Intake &/or On-going Service Coordinator
5. A person or persons directly involved in conducting the evaluations and assessments of the child
6. As appropriate, persons who will be providing services to the child or family

If the person or persons involved in conducting the evaluations and assessments of the child (#5 above) is unable to attend the IFSP meeting, arrangements must be made for the person's involvement through other means including telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting.

For each periodic review of the IFSP, the individuals indicated in #1-4 above must be in attendance and, if conditions warrant, provisions must be made for the attendance of those individuals listed in #5 & #6.

Instructions:

Name: Record all individuals who have participated in the development of the IFSP. Include name, role, agency, and phone number.

Method of Participation:

Define the method of participation of the team members. The member's signature reflects their attendance at the IFSP Team meeting. In the case of an initial IFSP or annual IFSP review, if an individual involved in conducting an evaluation/assessment of the child was not present, the Intake/Service Coordinator must designate the method of participation for that individual, such as "submitted written report," "provided verbal recommendations," "conference call," "sent representative," etc. If that person sent an authorized representative, the representative should list their name and indicate after their signature who they are representing.

How will this team keep in touch? How often?

Before formally ending the IFSP Team meeting, team members should discuss the frequency and method for keeping in touch with one another, including plans for routine correspondence, telephone calls, and progress reports. This is also an excellent time to schedule the six-month review date with the Team.

Section 12: IFSP Review and Early Intervention Service Revisions

Purpose: This provides a format to document changes/updates to the IFSP. The IFSP will require modification because it is an evolving document that changes as the child and family needs change. This form will only be used for six-month or interperiodic reviews.

The review of an outcome may be prompted by an expressed need by a team member, including the family, to change an existing service. Concurrently, in reviewing an outcome, the IFSP Team may decide that revisions in service delivery must be made in order to successfully make progress on the outcome. Once this outcome review is conducted indicating the direction for change in service, the Review Section must be completed indicating the service to be modified and the particulars (such as termination, addition, or change in frequency, location, duration, intensity).

IFSP Review**Instructions:**

Review Cycle: Fill in the box in front of the type of review that is occurring, either six-month or interperiodic.

Outcome #: List outcome number from IFSP.

Progress Summary: Record parents and providers' overall conclusions based on the review and references to outcomes from the current IFSP.

Team Evaluation: Insert the appropriate numbers from the Team Evaluation Scale to indicate the team's corresponding assessment of the situation.

Modifications/Revisions: Record parents' and providers' changes in ideas and activities, or circumstances, which will impact outcomes.

In addition to completing this form, any changes to an IFSP must be applied to each Section of the IFSP that requires revision. Once all revisions are made to the pertinent sections, the remainder of the IFSP document left unchanged may be photocopied. If Section 7 requires revisions make needed changes to that section and mark the changes in column L as a revision or addition. For revisions, the documents that will be required are as follows: a new cover page (indicating date and type of meeting), Section 12, and the photocopied IFSP with any new sections. Each IFSP must be reviewed at least six months after initial development. The development of an inter-periodic IFSP will not result in a new date for annual IFSP. This entire IFSP document needs to be provided to all IFSP Team members including the family; the original is filed with the SPOE in the EI Record.

If the only changes required are provider name and/or funding sources, make the change directly on the current Section 7 of the IFSP by crossing out the old information and adding the correct information and current date. The Service Coordinator sends a copy of this page to the SPOE. **All other changes - e.g. frequency, intensity, location etc. require an IFSP team meeting and documentation as shown above under Modifications/Revisions. This is the only exception to the rule that IFSP revisions require an IFSP team meeting.**

The IFSP is assembled as earlier discussed, with the cover page first followed by the modifications pages. The Sections of the IFSP that have been changed are integrated with copies of the other Sections that remain unchanged. All of these pages constitute the revised IFSP which is then copied and distributed to all IFSP Team members; the original document is maintained at the SPOE in the EI Record.



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The Individualized Family Service Plan describes how the First Steps early intervention system will assist each family in helping their very young child with a disability or developmental delay to grow and develop.



Section 1: CHILD INFORMATION

*Child's Name: _____ *Nickname: _____ *Gender: M F A
*Home Street/Address: _____ *Mailing Address: _____
*City/Town: _____ MO, Zip: _____ *County: _____
*Date of Birth: _____ Chronological Age: _____ Adjusted Age: _____
*Reason for Eligibility: _____ *Native Language : _____
*School District: _____ *SSN#: _____ *Medicaid #: _____

DIRECTIONS TO CHILD'S HOME

*MEETING DATE INFORMATION:

IFSP Meeting Type:

☐ Interim ☐ Initial ☐ 6 Month Review ☐ Interperiodic Review ☐ Annual ☐ Transition

Meeting Date: ____/____/____

IFSP Start Date: ____/____/____

IFSP End Date: ____/____/____

Child's Name: _____

Date: _____

Section 2: FAMILY INFORMATION

*Primary Contact: _____

*Relationship to child: _____

*Mailing Address: _____

*City/Town: _____ *State: _____ *Zip: _____

*Home/Street Address: _____

*Day Phone: _____ (h____ w____)

*Evening Phone: _____ (h____ w____)

*Best time to call: _____

E-mail: _____

Other way to contact: _____

*Native language: _____

*Interpreter Needed? Yes No

OTHER CONTACT INFORMATION:

*Name: _____

*Relationship to child: _____

*Mailing Address: _____

*City/Town: _____ *State: _____ *Zip: _____

*Home/Street Address: _____

*Day Phone: _____ (h____ w____)

*Evening Phone: _____ (h____ w____)

*Best time to call: _____

E-mail: _____

Section 3. SERVICE COORDINATOR CONTACT INFORMATION

*Name: _____

*Agency: _____

*Work Telephone: _____

*Cell Phone: _____

*Best time to call: _____

*FAX: _____

*E-mail address: _____

Mailing Address: _____

City/Town: _____

*State: _____ *Zip: _____

*MC+/Plan Contact Person : _____

*Telephone: _____ *FAX Number: _____

*Physician: _____

*Address: _____

*City/Town: _____, State: _____ Zip: _____

*Telephone: _____ *FAX: _____

E-mail: _____

Child's Name: _____

Date: _____

Section 4: CHILD'S PRESENT ABILITIES AND STRENGTHS: TEAM SUMMARY.

WHAT MY CHILD CAN DO NOW - INTERESTS, MOTIVATORS, NEW SKILLS, THINGS TO CELEBRATE, WHAT MY CHILD IS READY TO DO, WHAT'S WORKING WELL. Make sure that all developmental domains are included. Describe in an integrated, functional manner how this child: does things for him/herself (Adaptive/Self Help Skills); how s/he problem solves and plays (Cognition); how s/he uses hands, oral motor skills, how s/he moves around (Physical Skills); how s/he indicates understanding, wants, and needs (Communication Skills); and how s/he shows feelings, copes with frustration or stimulation, and gets along with others (Social/Emotional Skills).

Adaptive Self Help:

Cognition:

Physical:

Communication:

Social/Emotional:

Vision / Hearing:

Health/Physical/Nutrition Status:

Other Strengths/Concerns including relevant information (medical diagnosis, birth history, health status, sensory issues, etc.) or other concerns, which might affect service delivery.

Child's Name: _____

Date: _____

Section 5. SUMMARY OF FAMILY CONCERNS, PRIORITIES AND RESOURCES TO ENHANCE THE DEVELOPMENT OF THEIR CHILD

Family declined consent to complete an assessment of family concerns, priorities and resources: Yes No (If "yes" leave this section blank, If "no" this section must be completed.)

I have questions about or want help for my child in the following areas:

- ☐ Moving around (crawling, scooting, rolling, walking)
- ☐ Ability to maintain positions for play
- ☐ Talking and listening
- ☐ Thinking, learning, playing with toys
- ☐ Feeding, eating, nutrition
- ☐ Having fun with other children; getting along
- ☐ Behaviors and feelings
- ☐ Toileting; getting dressed; bedtime; other daily routines
- ☐ Helping my child calm down, quiet down
- ☐ Pain or discomfort
- ☐ Special health care needs
- ☐ Seeing or hearing
- ☐ Other: _____

I would like to share the following concerns and priorities for myself, other family members, or my child:

- ☐ Finding or working with doctors or other specialists
- ☐ How different services work or how they could work better for my family
- ☐ Planning for the future; what to expect
- ☐ Parenting skills
- ☐ People who can help me at home or care for my child so I /we can have a break; respite or child care
- ☐ Housing, clothing, jobs, food, or telephone
- ☐ Information on my child's special needs, and what it means
- ☐ Ideas for brothers, sisters, friends, extended family
- ☐ Money for extra costs of my child's special needs
- ☐ Linking with a parent network to meet other families or share information
- ☐ Other: _____

FAMILY'S CONCERNS ABOUT THEIR CHILD

PRIORITIES OF THE FAMILY (Select from items checked to the left)

STRENGTHS, RESOURCES THAT OUR FAMILY HAS TO MEET OUR CHILD'S NEEDS

Child's Name: _____	Date: _____
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Section 6. FAMILY AND CHILD CENTERED OUTCOME(S)	This page should be duplicated as needed
Outcome # _____:	
Optional: Strategies and Activities: (Summarize ideas for addressing the outcome within the child and family's naturally occurring routines and environments using people and materials that are available there. This is not a listing of early intervention services)	
When will we as a team measure progress towards this outcome? (timeline)	
How will we, as a team, measure progress towards this outcome? (procedure)	
Our team will be satisfied we are finished with this outcome when: (criteria)	

Section 7. *EARLY INTERVENTION RESOURCES, SUPPORTS AND SERVICES											This entire page is part of electronic record.
Column A	Col. B	Column C	Column D	Col. E	Col. F	Col. G	Col. H	Col. I	Col. J	Col. K	Col. L
Outcome(s) #	Early Intervention Service(s)	Start Date	End Date	Provider(s) Name	Method (see below)	Ind. Or Group	Location (see below)	Frequency	Intensity	Funding Source	Initial (I) Addition (A) Revision (R)
#											
#											
#											
#											

1) Column F, Method Code: 1 = Consultation/Facilitation with Others; 2 = Family Education/Training/Support; 3 = Direct Child Service

2) Column H, Location Code: 1 = Home; 2 = Other Family Location; 3 = Community Setting; 4 = Special Purpose Center or Clinic

Primary Setting for this IFSP: (circle)

special purpose facility
 - community setting
 - home
 - hospital
 - residential facility
 - service provider location
 - other setting

Child's Name _____	Date: _____
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***Section 7a. Assistive Technology Authorization - IFSP Meeting Date: _____**

IFSP Outcome #	Start Date	End Date	Provider	HCPCS Code	Description of Item	<ul style="list-style-type: none"> • Purchase • Rental • Repair 	Quantity	Price	Remarks (Optional)

***Section 7b. Transportation Authorization**

IFSP Outcome #	Start Date	End Date	Provider	Frequency	Maximum miles per trip

Child's Name: _____	Date: _____
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Section 8: Natural Environments Justification

Outcome # _____	Service(s) _____	Environment in which service will be provided _____
-----------------	------------------	---

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome # _____	Service(s) _____	Environment in which service will be provided _____
-----------------	------------------	---

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Outcome # _____	Service(s) _____	Environment in which service will be provided _____
-----------------	------------------	---

Explain why the IFSP team determined that it was not appropriate to provide this service in a Natural Environment:

Child's Name _____

Date: _____

Section 9: * Other Services

This entire section is part of the electronic record.

Service	Family or Child Service	Responsible Individual	Fund Source
	family / child		
	family / child		
	family / child		
	family / child		
	family / child		

Child's Name: _____

Date: _____

Section 10: Transition Checklist

Transition Activities into, within and from First Steps: Identification of activities and responsible individuals to assist the family and child with transitions include:	Specific Transition Issue	Who is responsible
Transition into and within: (Optional)		
1. Transition from hospital, neonatal intensive care unit to home, and into early intervention services to ensure that no disruption occurs in necessary services		
2. Family related changes that may affect IFSP service delivery i.e., employment, birth or adoption of sibling, medical needs of other family members)		
3. Child related changes that may affect IFSP service delivery (i.e., hospitalization or surgery, placement in a child care program, addition of new equipment or technology, medication changes)		
4. Introduction of new or a change in: Service Provider (s) Service location (s)		
5. Termination of existing IFSP service		
6. Explore community program options for our: Child Family		
7. Child and Family exiting First Steps system due to Loss of eligibility Family does not consent to participate		
8. Other Transition		
Comments:		
Transition from (age 2.5 years): 9 & 10 required at each IFSP Meeting		
9. Discussion with, and training of parents regarding future placements and other matters related to the child's transition		
10. Discussion about procedures to prepare the child for changes in service delivery including steps to help the child adjust and function in a new setting		
11. Send with parental consent, information about the child to the local education agency to ensure continuity of services including evaluation and assessment of information and IFSP's		
12. Send specified information to community programs, upon informed, written consent, to facilitate service delivery or transition from the First Steps early intervention system		
Comments		

Child's Name:_____ Date:_____

Section 11: IFSP DEVELOPMENT TEAM AND CONTRIBUTORS

Printed Name	Position/Role	Agency (if applicable)	Telephone	Signature or Method of Participation

How will this team keep in touch? How often?

Child's Name _____ Current IFSP Date: _____ Revision Date _____

Section 12: IFSP Review Documentation Worksheet

<input type="checkbox"/> 6 Month Review <input type="checkbox"/> Interperiodic Review			
Team Evaluation Scales: 1= Situation changed: outcome not needed, 2= Situation unchanged; still need outcome, 3= Outcome partially attained, 4 = Outcome accomplished			
Outcome #	Progress Summary	Team Evaluation	Modifications/Revisions